



Patentitioner's Docket No. 117210.00024

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: R. Kumar

Application No.: 09/787,472

Filed: 03/15/2001

For: HANDHELD COMPUTER WITH DETACHABLE HANDSET

Group No.: 2121

Examiner: Hartman Jr., R.

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$55.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☒ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

☒ with sufficient postage as first class mail.

37 C.F.R. § 1.10*

☐ as "Express Mail Post Office to Addressee"

Mailing Label No. _____ (mandatory)

TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703) _____ - _____.

Signature

David J. Muzilla

(type or print name of person certifying)

Date: 11-2-04

* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	27	- 26	= 1	x \$ 9.00	= \$ 9.00		
INDEP.	5	- 4	= 1	x \$ 44.00	= \$ 44.00		
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$ 0.00	= \$ 0.00		
				TOTAL ADDIT. FEE	\$ 53.00		

Total additional fee for claims required \$53.00

FEE PAYMENT

5. Attached is a check in the sum of \$55.00. Please charge deposit account 15-0450 for the additional fees.

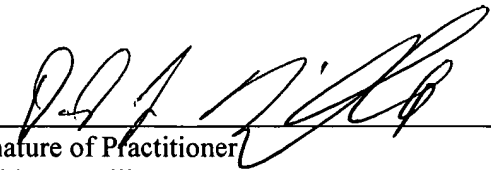
FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 15-0450.

If an additional fee for claims is required, charge Account No. 15-0450.

Date: 11-2-04

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Tel. No.: 330-864-5550
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Signature of Practitioner
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